[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer, The material worked on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer, Civil If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," a. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name, origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "l'uerperal scplichaemia," railway train-accident; Revolver wound State cause for which Never report mere'

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBATIVED

702

>

### Very state PHYSICIANS should of OCCUPATION IS statement EXACTLY. Exact classified. pe pino properly AGE supplied. be may certificate. that 80 0 back terms, pinods LO plain Instructions Information 5 EATH See 50 0 Item OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, 1914 WIDOWED. (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from TE OF BIRTH (Month 7 AGE It LESS than and that death occurred on the date stated above, atf day. hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) yrs.....mas.... which employed (or employer) ..... BIRTHPLACE Gontributory... Secondary (State or country) (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, er, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State Where was disease contracted. 14 THE ABOVE IS If not at place of death?-Former or osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDAESS REGISTRAR If more blanks an needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Heaith Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakuess," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of The nature of the



County PLACE OF DEATH 13783	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 201
Village or City Lolewans Corner No. World	Blatter Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE   5 SINGLE, MARRIED MISONETT PROJECT	16 DATE OF DEATH  (Mouth)  (Day)  (Year)
Mustuoie (Year)	that I last saw halive on
Wow yrs. mes. ds. OR mln.?	and that death occurred on the date stated above, at Of Im.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work // // // // // (b) General nature of sidustry business, or establishment in which employed (or employer)	Contributory . All (Buratinn) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER PLACE OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 BIRTHPLACE OF FATHER (State or country)	(Signed) O Sall (Address) O Latitude W. M. O. State the Disease Causing Death, or, in deaths from Violent Fauses, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country) Waryland	AUDITAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place in the ef deelh yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Welgyn Blatte	Where was disease contracted, if not at place of death?  Former or  usual residence
(Address) World Que Park	19 PLACE OF BURIAL OR REMOVAL  Still ond Oug 23, 191.5
LOCAL PEGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, of the second statement. only when needed. As examples: business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Stationary fireman, etc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," (a) Spinner, (b) Cotton But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmia," "Weakness genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Puerperal peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercur-"Tumor" for mahgnant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of "Senile," ete.), "Dropsy," as "Puerperal septichaemia," State cause for which Never report mere (Recommendations "Exhaustion,"



pinous OCCUPATION PHYSICIANS RECORD ERMANENT EXACTLY. be properly AGE INK supplied. ADING may certificate. carefully that it 0 0 back terms, should 00 plain Instructions Information = DEATH See of OF Item mportant. Every ite

ż

Very

Village or City Man

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

Ilf death occurred in a hospital or Institution. give its NAME instead

### farriett ann Bowers of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) Write the word) RTIFY, That I attended deceased from BATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was sa follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) / vrs. mos which employed (or employer) .. State or country) Contributory. (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191.5... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .. State ..... yrs. Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiusms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of \_ (name origin; "Can "Exhaustion," Never report Examples: For VIO-0.8



V. S. No. 1.

υ <b>-</b> 0	PLACE OF DEATH 13785	STATE OF MARYLAND
A TA	County Alux	CERTIFICATE OF DEATH
SICIAN tement		Registration Dist. No. 202
PHYS ct stat	Village or City Chelterfour (No. Cor	St.; Ward) [It death occurred in a hospital or institution,
EXACTLY. sified. Exa	2 FULL NAME Danah By	oaderay.  give its NAME instead et street and number.]
XA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hould be stated EXAC be properly classified. certificate.	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
operly ficate	6 DATE OF BIRTH	aug 2/ al, 191 5, to Cary 24, 191 0,
should be pre f certif	(Month) (Day) (Year)	that I last saw here alive on any 24, 1910
sh of o	7 AGE If LESS than	and that death occurred on the date stated above, am.
AGE sit may	2 J yrs mes ds, OR min.?	The CAUSE OF DEATH was as follows:
n pri	B OCCUPATION (B) Trade, profession, or Africa	your force
o th	particular kind of work. House wort	
refully supplied. AGE sl in terms, so that it may instructions on back of	b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2/ ds.
e carefully plain term See instruc	9 BIRTHPLACE (State of country) New Co. Mid.	Contributory Secondary  (Burelion), yrs. mos. ds.
2 5	10 NAME OF TEORDONY Johnson	(Signed) Hy Jun pero , M. O.
rmation should SE OF DEATH i	BIRTHPLACE OF FATHER  (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF D	of Mother Mary Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
1500	13 BIRTHPLACE OF MOTHER (State or country)	At piece In the of death
OC.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at piece of deeth?
tate ATI	(Informant) / Vasy Coffox	Former or usual residence
Every item of ir should state CA OCCUPATION	(Address) Chethertown Wel	211 Kes UCOK 1. No Wed New 26 191.5
she OO	Flied aug 25 1915 W. J. Steels	29 UNDERTAKER ADDRESS
e z	Zoral REGISTRAR	somus Lavoud some perfound
_	If hord blanks are needed, address State Registrar,	16 W. Saratoga St., Balla, Requesting V. S. No.) 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used mobile factory. especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Coal mine, etc. For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia, Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebrotime and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. Bronchopneumonia ("Pneumonia, using always the same accepted Examples: Cerebrospinal

> on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marason Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .... Struck by railway train-accident; Revolver wound Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. (name origin; "Cancer" is less definite; avoid use of Anacmia" (merely symptomatie), or miscarriage as "Puenperal septichaemia," "Coma," "Senile," etc.), The contributory (secondary or intercur-Poisoned by "Convulsions," "Debility" carbolic FOR VIOLENT DEATHS Never report mere "Atrophy," acid-probably

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



SIGIANS should-state OCCUPATION IS very PHYSICIANS RECORD PERMANENT EXACTLY classified. properly UNFADING INK supplied. pe may certificate. 08 6 pe back terms, plain See Instructions = DEATH PO Important.

13 BIRTHPLACE OF MOTHER (State or country)

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist, No Ilt death occurred in St.:...Ward) a hospital or institution, give Its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word) 1915 (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1914 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER

REGISTRAR

-	18 LENGTH OF RESIDENCE (FOR H	OSPITALS, INS	TITUTIONS,	TRANSIEN	T
li	At place	In the			
I	ot death yrs mos ds.	State	yrs	mos.,	d
11	Where was disease contracted				

It not at place of death? Former or usual residence

PLA	CE OF BURI	AL OR REMOVAL	
09	10 1.	0 /-	. /
26	Tanks	Cameley	10

DATE OF BURIAL

20 UNDERTAKE ore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

υż

ш

CAUSE Every

m

ż

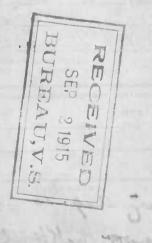
15

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis" etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection uecd not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds,; (Recommendations ou statement of State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

8. No. 1.

1 PLACE OF DEATH County Kemt

### STATE OF MARYLAND CERTIFICATE OF DEATH

Vi	illage or C					St;Ward	give its NAME inst
	PERS	ONAL AND STATISTIC	CAL PARTICULAI	RS	MED	ICAL CERTIFICATE OF	F DEATH
3 SE	x	4 COLOR OR RACE White	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word	ingle		Aug • , , (Month) REBY CERTIFY, That I	(Day) (Year)
	ATE OF BIR	Aug• (Month)	13 (Day)	, 1.9.1.5 (Year)	that I last saw him.	alive on AUG	g.22nd.2915
7 AC		용소용하는 yrs. 하산으로	.mos. 9 ds.	It LESS than I day,hrs. ORmin. ?	The CAUSE OF DEA	rred on the date stated ATH* was as follows: Sis from bir	
busi	General nature iness, or esta	bilshment in	6-35-35-35-35-35-35			(Duration)	yrsmos
(b) busi whi	ness, or esta ch empioyed (o	H tong A to	*****	***************************************		,	
(b) busi Whi	iness, or estate the employed (or employed (or extracted or countributed to the extraction of the extr	try)  Kent Co.		-	Contributory(Secondary)	(Deration)	YES MOS.
(b) busi Whi	ness, or estated the employed (or employed (or estate or country).	try) Kent Co.	MdN		Contributory (Secondary)		yrs mos.
(b) busing (Single Control Con	ness, or estatch employed (or extended to complete the control of	try) Kent Co.  Leonard Di Lace HER Country) Kent	MdW Lxon Co.,Md.		Contributory (Secondary)  (Signed) OA  Aug, 22, 194	(Doration)  (Lucil 4  (Address) Galon  SE CAUSING DEATH, OF, MEANS OF INJURY; and	yrs mos.
PARENTS (S) (S) (A) (A)	ness, or estatch employed (a) RTHPLACE tate or coun  10 NAME (FATHE  11 BIRTHP OF FAT (State or  12 MAIDEN OF MOT (State or (State or (State)))	try) Kent Co.  PR Leonard Di LACE THER COUNTRY) Kent  I NAME THER Annie F  LACE THER COUNTRY) Kent  LACE THER COUNTRY) Kent  COUNTRY Kent	MdM Lxon Co.,Md. Holding		(Signed)	(Doration)	In deaths from Viole:  (2) whether Accidit
PARMIN S C N M M M M M M M M M M M M M M M M M M	10 NAME OF FATHE  11 BIRTHP OF FAT (State or 12 MAIDEN OF MO (State or	try) Kent Co.  R Leonard Di Lace HER Country) Kent	Mdlixon  Co.,Md.  Holding  Co.,Md.		(Signed)	(Boration)	In deaths from VIOLE (2) whether Acciditions, Transie  yrs,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore ar cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childblrth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 3788



### STATE OF MARYLAND \* CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

- [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDITAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WOOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from Aug St., 1915, to duy St., 1915, that I last saw have alive on like St., 1915
PAGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	and that death occurred on the date stated above, at P. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Sent Co Mal	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds Where was disease contracted,
(Informant) Honey Danny (Address) Weston R. & D.	If not at place of death?  Former or  Usual residence
Filed Aug 9, 1915 Dilliam Par Filed Aug 9, 1915 Dilliam Parist REGISTRAR  (f. Worth blanks are needed address State Parist	20 UNDERTAKER  White Still Rond  rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
blands are needed, address State Regist	rat, o E. Franklin St., Batto., Mequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broachopneumonia ("Pnenmonia," maqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacample: Meastes (disease cansing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerreral peritonitis," etc. State cause for eause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



### V. S. No. 1.

N. B.

### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

	1 PLACE OF DEATH	STATE OF MARYLAND
	X 1- 10108	CERTIFICATE OF DEATH
Co		Registration Dist. No. 243
Vil	lage or City / To c/L /Lall (No.	St.;Ward) [It deeth occurred to a hospitel or Institution,
	FULL NAME Julie Adela	give its NAME instead of street end number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SI	** COLOR OR RAGE  **STATE OR OR RAGE  **MARRIED, Merriel  **WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	March 5- 1885-	1915, to True (115, 1915,
7 A	(Month) (Day (Year)	that I last saw her alive on Allender 5 1915
- A	GE If LESS then 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8.	yrs mos ds. OR min.?	The GASE OF BEATTING Was at 10110WS:
(a	CCUPATION Trade, profession, or	MARIONA HIEMIA
(b)	General nature of industry,	
bus	iness, or establishment in ch employed (or employer)	(Duretion) yrs mos 8 ds.
	RTHPLACE (State or country) 99 1	Secondary
	10 NAME OF M	(Boration) Ars Quos ds.
	FATHER James A PRococ	(Signed) MULLING DE MOD.
TTS	11 BIRTHPLACE OF FATHER STREET	, 191 (Address) A CEN DOLL
ARENTS	(State or country) & allinone Cs/2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER ELMINA JOSON SECRE	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED
	13 BIRTHPLACE OF MOTHER 1 1 1 - 100 Inne	At place in the
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was diseese contrected,
	December 24 D	If not at piece of death?
	(Informant) At II - DO 11100	usuel residence as a somore fly of
15	(Address) 10012 THOUSE INC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SU TAN OR Camelan Deeg 8 1915
FII	ed 8/8 1913 - 7. 13 Durolines	20 UNDERTAKEN ADDRESS
	REGISTRAR	I ho H Cary & Rock Hall
	I mor blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, pcritonaeum, etc, Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-



1 PLACE OF DEATH 50 STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH County. Registration Dist. No ... Village or City St.: Ward) EXACTLY RECORD PERSONAL AND STATISTICA PARTICULARS classifi MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. PERMANENT WIOOWED BINDING OR DIVORCED certificate HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH should (Day) Quear) Month 10 7 AGE If LESS than may and that death occurred on the date stated above, at back 1 day. hrs. 0 A that 20 8 OCCUPATION supplied (a) Trado, protession, or ons particular kind of work 20 (b) General nature of industry structi terms business, or establishment in which employed (or employer (Durellon) carefully 9 BIRTHPLACE Contributory ain (State or country) Secondary ш plai 10 NAME OF be in FATHER should I 11 BIRTHPLACE ENT ٩ OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 0 œ 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 informa SAUSE ( OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER S (State or country) .....yra. .....mos. ..... Every item of instance of state call Where was diseasa contracted. 14 THE ABOVE IS If not at place of death?... usual realdence PLACE OF BURIAL OR REMOVA (Address) UNBERTAKER ADDRESS 8 REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balton Requesting V. S. No. 1.

If death occurred in

a hospital or institution. give its NAME instead

et street and number. I

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary greman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolute wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.), on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal gentilumia," "Puerperal perionitis," etc. State cause for which cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important: nephritis, etc. (name origin; "Cancer" is less definite; avgid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (merely symptomatic), The contributory (secondary or intercur-Poisoned by "Convulsions," "Debility" "Puerperal sephichaemia," "Dropsy," "Exhaustion," carbolic Never report mere "Atrophy," "Col-(Recommendations acid-probably ("Con-



SICIAN

EXACTLY

stated

be

should

U

4

supplied

be

LO

ati

Z

WITH pino

NRITE

RECORD

PLAINLY,

1 PLACE OF DEATH STATE OF MARYLAND 10 statement CERTIFICATE OF DEATH County Registration Dist. No. 202 If death occurred in Village or City Ward) a hospital or institution, give its NAME instead of street and number. 7 classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED (Write the word) (Day) properly certificate attended deceased 6 DATE OF BIRTH be (Month) (Day (Year) may k 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. back The CAUSE OF DEATH \* was as follows: min. ? that 0 OCCUPATION (a) Trade, profession, or Sug Aparticular kind of work S (b) General nature of industry instructi business, or establishment in which employed (or employer Contributory 9 BIRTHPLACE (State or country plair See 10 NAME OF E important. ATH BIRTHPLACE ENT (State or country) State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, H 0 SUICIDAL OF HOMICIDAL. C OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) of informa 13 BIRTHPLACE In the OF MOTHER of death U (State or country .....yrs. mos. -Every item of instance of should state CAI Where was disease contracted. if not al place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more olaks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, and consequences (6, g., sepsis, tetorus) may be stated under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee Struck by railway train-accident; head-homicide; Pasoned by carl SUICIDAL, or HOMICIBAL, or as probably such, it impossible to determine definitely. Examples: Azcidental drowning; birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State eause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaenia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility". chopneumonia (secondary), 10 ds. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . The contributory (secondary or intercurcarbolic ocid-probably Revolver wound of Never report mere "Atrophy," ("Con-



[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. employed, as At sehool or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Croeery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septiclummia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping-Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," acid—probably ("Con-



Coun	ty Keus . Os. 13193 (5)	CERTIFICATE OF DEATH
Villa	ge or City Mellato (No. 1002) 2 FULL NAME George	Registration Dist. No. 204  St.; Ward)  [If death eccurred in a hospital er institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Nale Role Single, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DA	TE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on Deg 14, 191.
7 AG		and that death occurred on the date stated above, at 7. P. The CAUSE OF DEATH * was as follows:
Opar (b	CCUPATION ) Trade, profession, or ticular kind of work ) General nature of lodustry	Depleanies.
whi	Shess, or establishment in ich employer (or employer)  RTHPLACE (State or country)  RETH PLACE (State or country)	Contributory Alexales Tracelle
ENTS	10 NAME OF FATHER Robert Graves  11 BIRTHPLACE OF FATHER (State or country) Keed Co	(Signed) State the DISEASE CAUSING DEATH, Or, in deaths from Violent
PARE	13 BIRTHPLACE OF MOTHER  (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
	(Informant) Robert Basso	Where was disease contracted, if not st place of desth?  Former or ususi residence
	(Address) Apollon mid	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. cian, Compositor, Architect, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from

. Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Mcdical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths mus," to determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness, by railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver wound as "Puerperal septichaemia, Examples: Accidental drowning; State cause for which Never report mere ACCIDENTAL,



V. S. No. 1.

N. D.

### -Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH 1270.	STATE OF MARYLAND
	X 1 10101	CERTIFICATE OF DEATH
Co	ounty 500	
		Registration Dist, No.
Vi	Itage or City Chaliston (No,	St.; Ward)  St.; W
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
6	elkund al a Widowed, ORDINORGED	(Month) (Day (Year)
_	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Any 8 1915, to Any 8 1915
	(Month) (Day (Year)	that I last saw h allve on dead Dy 8 1914
TA	GE If LESS than	and that death occurred on the date stated above, atm
	6 may 6 to 100 min 100	The CAUSE OF DEATH* was as follows:
8	yrs G mos Gs OR a min. ?	
. (1	ı) Trade, profession, or	Stell Boren
	articular kind of work	
bu	siness, or establishment in	(Duration) yrsds.
1000	NRTHPLACE	Contributory uniCnom.
	(State or country)	Secondary
	10 NAME OF WILL D	(Duration) yrs mos ds.
	FATHER Many Graves	(Signed) , M. D.
IS	11 BIRTHPLACE	Duy 8 , 191 V (Address) Chestarborog ma
ENTS	OF FATHER (State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
AR	12 MAIDEN NAME & -1 POINT	TAL, SUICIDAL, or HOMICIDAL,
0	Jerlie Selbert	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Masuland	At place in the
-	a yatte	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Intermant) 00 Oraves	Former or usual residence
	Charleston RR No. 3	
15	(Address)	J. 1. M. 1 C
	1 C M.	20 NO DERTAKER, APPRESS
F	led Ling & , 1913 W. W. Shick BEGISTRAR	My Allen The
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	and added, addition state attention	3. S.

[Approved by U. S. Census and American Public Health Association.]

tated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccte., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all discases resulting from Measics (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.;



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

of information should be carefully supplied. AGE should be significant to be a properly classified. See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

PERMANENT RECORD

PLACE OF DEATH

13795

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

fif death occurred to

	,		ger Hausto	St.; Ward	a hospital or institution give its NAME losteau of street and nomber.]
	PERSO	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 8	ex nale	4 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I	(Day) (Year)
6 p	ATE OF BIRT	(Month)	(Day) (Year)	that I last saw him alive on My	2181 THE 2
. A	G E	yrs. 5	mos. 19 ds. OR min.?	and that death occurred on the date stated The GAUSE OF DEATH* was as follows:	above, atm,
) (a	CCUPATION ) Trade, protessio rticular kind of Y	n, or Nork		Marashus,	
bus	Genoral nature iness, or estab ich employed (or			(Doration)	yrsds.
9 B (S	IRTHPLACE tate or count	Kent	o Ind	(Secondary) (Deration)	yrsds.
S	10 NAME O FATHER	La lement	Edw Hauston	(Signed) W. S. Mayue	ll, M.D.
ENT	OF FAT (State or	country) War	land	*State the DISEASE CAUSING DEATH, or, I CAUSES, state (1) MEANS OF INJURY; and	n deaths from VIOLENT (2) whether ACCIDEN-
PAR	13 BIRTHPL OF MOT (State or o	AGE BESSE	Darsey	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I or RECENT RESIDENTS)  At place in the of death yrs, mos ds. State	NSTITUTIONS, TRANSIENTS,
	- 1)	s TRUE TO THE BES	for MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
15			RNOD-Box16	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER	DATE OF BURIAL  OLIGANIA 1915
Fit	ed Mug	16 ,1915 Will	Local REGISTRAR	r, 6 E. Franklin St., Balto., Requesting V. S. N	Still Pond

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin: "Can death), 29 State Examples: cause for For vio-



11	
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
S S	
OZ	
15 J	
PA	
200	
HYS	
4	
TY.	l
ACT	
T E	
S a d	
Etat.	ŀ
ie d	
Piss	
cia	
Friy	١
A o	
J. F.	
y b	l
Fe. 3	
He H	١
that	
0 0	
ck. b	
erm ba	
sh u	
plai	
in det	
TH	ŀ
OEA	
Every item of information should be carefully supplied. AGI CAUSE OF DEATH in plain terms, so that it may be propimportant. See instructions on back of certificate.	
Itel E C	
USI	
E GE	

တဲ့

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 200 I'lf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (I)av (Write the word) I HEREBY CERTIFY. That I attended deceased from that I last saw here alive on augus (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or porticular kind of work. (b) General nature of industry. business, or establishment in (Duration) / Q yrs which employed (or employer) \*BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of deoth \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_ \_ ds. Where was disease contracted. If not at ploce of death? Former or usuol residence DATE OF BURIAL (Address) 15 40 UNDERTAK ADORESS mes

If more blacks are needed, address State Registrar, 6 E. Frankliu St., Balto, Requesting V. S. No. 1.

REGISTRAR

191.15

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired 1 Women at home, who are engaged in the Never return "Laborer," n business, that fact may be indi-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) & Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Ileart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for



V. S. No. 1.

N. B.

Every liem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Ounty New 13797  Wear Horton (No. 2FULL NAME Am 14 Jan	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, Sugle MARRIED, WIDOWED, ORDIVORCED (IN rite the word) 6 DATE OF BIRTH  March 2 19/15	16 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY GERTIFY, That I attended deceased from  191 to Cary 1 7 1910
7 AGE (Month) (Day (Year)  7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at ## m.  The GAUSE OF DEATH* was as follows:  **Contactions**  **Contactions**  **Contactions**  **Contactions**  **Contactions**  **Contactions**  **The CAUSE OF DEATH* was as follows:  **Contactions**  **The CAUSE OF DEATH* was as follows:  **The CAUSE OF DEATH**  **The CAUSE OF DEATH*
(a) Trada, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employar)  9 BIRTHPLACE (State or country)	(Ouration) yrs 4 mos ds.  Contributory Secondary
10 NAME OF FATHER CLUBERS & CAUSES & CA	(Signed) (Suration) yrs mos ds.  (Signed) (Address) M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE  (Informant)  15 James  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place the ot death yrs mos ds. State yrs mos ds  Where was disease contracted, It not at placa of death? former or usual residence
(Address) 16 Filed George 13 - 1915 Ment of Sicks Tocal Registran	19 PLACE OF BORIAL OR REMOVAL DATE OF BURIAL CHESTOWN GAR 14 - 1915 29 UNDERTAKED ADDRESS CHEST

If more blanks are ngeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) 3Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State canse for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puebperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations ou statement of



PHYSICIANS should of OCCUPATION IS statement PERMANENT EXACTLY. Exact stated properly classified. 4 pe should THIS AGE UNFADING INK supplied. may carefully that It WRITE PLAINLY, WITH pe DEATH in plain terms, See instructions on back of information should DEATH in plain terms CAUSE OF

of certificate.

important.

m

ż

1	PLACE	OF	DEATH
	~ /		
County	Ke	n/	



REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.



### STATE OF MARYLAND

len Kelley	[if death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	EATH
16 DATE OF DEATH COULD MONTH!	(Day (Year)
dugt 191 7, to any	7 , 191.
that I last saw he last allve on aug.	725 ,1915
and that death occurred on the date stated ab	ove, at 10 30 CL
The CAUSE OF DEATH * was as follows:	
acute Bugats	desease
Estimation (Duration)	
Contributory	)
	.yrsmos
(Signed) OFECCY	, M.
(Signed) OFEROY  Oug. 70, 1913. (Address) 246	Hace le
*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from Viole (2) whether Accide
*State the DISEASE CAUSING DEATH, OF, IN CAUSES, State (1) MEANS OF INJURY; and TAL, SUICHAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSORRECENT RESIDENTS) At place in the of death yrs. mos. ds. State	deaths from Viole (2) whether Accide
*State the DISEASE CAUSING DEATH, OF, IN CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSORRECENT RESIDENTS) At place in the of death	deaths from Viole (2) whether Accide
*State the DISEASE CAUSING DEATH, OF, IN CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State where was disease contracted, if not at place of death?  Former or osual residence	deaths from Viole (2) whether Accide stitutions, Transien  yrs,

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS that 1 day,....hrs BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (informant) (Address) 15

vi.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necupplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rctnrn "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 21915 BUREAU, V.S.

S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. properly classified. UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. 20 PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms. WRITE Important. N. B.

13799 PLACE OF DEATH 035

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;-----Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]

\* FULL NAME Ruth Elinabeth Newcome

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Owil (Month) (Day) (Year)	that I last saw her alive on any 22, 1915.
AGE   If LESS than   1 day,hrs.   o.Rmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	or aliefy by le further cause from  (Duration) yrs. mos. ds.
10 NAME OF FATHER SHOWN	Contributory (Secondary)  (Deration) yrs 3 mos ds.  (Signed) J. D. Classell Pand  8-23, 1915 (Address) Stall Pand
12 MAIDEN NAME Shabeth M. Smell  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Interment) Come (Address) Cautan	Where was disease confracted, If not at place of death?  Former or usual residence
Filed Aug 24, 1915 Pallease Pass  REGISTRAR  If more blauka are needed, address State Begistrar	20 UNDERTAKER  DE STATE

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUTEPPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. zer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never repor Examples: For VIO-£8.



RECORD ERMANENT EXACTLY. should properly AGE INK supplied. ADING may certificate. that it 9 5 terms, should plain Instructions Information = DEATH WRITE See Jo CAUSE OF Important. S PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.

Ilt death occurred in a hospital or lostitution. give its NAME lostead

.....Ward) of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCEO (Write the word) CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment la (Duration) .... which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF (Signed) FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIOEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. State \_\_\_\_\_ grs, \_\_\_\_ mos. ..... ds. Where was disease contracted. If not at place of death? Former or usual residence OATE OF BURIAL BURIAL OR REMOVAL 15 REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinoscapia

chlidbirth or miscarriage, as "PUERPERAL septichaccause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the bead of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medicai Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples: cause for For vio-



N.B.

Village or City Metalola (No. More)  2 FULL NAME Steel Formed.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 204  St.; Ward)  St.; Ward)  Mullian Secured in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
andle Color or race 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mopth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE  TAGE  TOTAL AND THE STREET OF BIRTH  ON THE STRE	that I last saw h alive on Muleurs 191 , and that death occurred on the date stated above, at ? m. The CAUSE OF DEATH # was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which emplayed (or employer)  9 BIRTHPLACE (State or country)	Contributory Lower bally,
10 NAME OF FATHER LOOK Seeing  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME (State or country)	*State the DIREASE CAUSING DEATH, or, in deaths from Violent Causea, state (1) Means of Injurt; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Mauric Clean  13 BIRTHPLACE OF MOTHER (State or county) Certh Co  14 THE ABOVE IS TAKE TO THE BEST OF MY KNOWLEDGE (Informant) Company Certify  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. State, yrs., mee. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address)  16  Filed Reg 26  1918 Z. W. Liwith  REGISTRAR  If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL  My Life, 1915  20 UNDERTAKER  Levi Seewey. Morlon

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housewrite None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) ('rocery; (o) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, eian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Stotionary fireman, etc. But in many cases, The material worked on may form part Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of ........ (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-accident; Revolver wound of "Senile," etc.), The contributory (secondary or intercuras "PUERPERAL "Dropsy," State cause for which Never report mere "Exhaustion," septichaemia,



MARGIN RESERVED FOR BINDING

WRITE

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. [It death occurred in PHYSICIANS ...../Ward). a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement EXACTLY. 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from Exact 17 stated 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than Properly classif and that death occurred on the date stated above, at. t day ..... hrs. OR ..... min. ? GOCCUPATION (a) Trade, protession, or particular kind of work. Per le (b) General nature of industry. supplied. business, or establishment in may Which employed (or employer) ..... certificate. **Gontributory** 9 BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 80 0 Pe back 11 BIRTHPLACE terms, Z OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country EATH of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_ Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE See If not at place of death?-0 Former or Item OF usual residence. Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichac -Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For VIO-



S. No. 1.

B.

ż

XACTLY. PHYSICIANS should state statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. carefully supplied. AGE should be sithat it may be properly classified. 4 UNFADING INK-THIS IS carefully o WRITE PLAINLY, WITH should be of information Every item of informat CAUSE OF DEATH in important. See instructi

n terms, so to on back of c

See Instructions o

PLACE OF DEATH Locust Grove

13803



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; Ward)

[If death occurred in a hospital or Institution.

* FULL NAME Capwell St	give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Quyust 23, 1913.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Wonth) (Day) (Year)	april 1st 1915, to Ruguet 23 1913;
7 AGE If LESS the 1 day,hr ORmin. 2	The CAUSE OF DEATH * was as follows:
GOCUPATION (a) Trade, profession, er particular kind of work	(Duration) yrs. 8 mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Doration) yrs mos ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER  OF MOTHER	(Signed) , M. D.  August (Signed) , M. D.  (Address)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted, If not at place of death?
(Informant) telay Steward (Address) Samuely 1	Former or Usual residence
16 Charles And Chillian D	Coleman Qua 24, 1810

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.].

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pupperenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Mara" genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nominclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of lbutory." (Panamana and the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can State cause for Never report Examples:



WRITE PLAINLY, WITH UN	N. BEvery item of information should be caref
	N. B.—Every Ite

Village or City Rock Hall (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 203  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE Single, MARIED, WIDDED, WIDDED, WIDDED, (Write the word)	16 DATE OF DEATH Que J. 31. , 1913. (Year)
© DATE OF BIRTH aug. 23. 19/5	that I last saw heard alive on
(Month) (Day (Year)  7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date attated above, at m. The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Contributory Secondary  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)
11 BIRTHPLACE OF FATHER  State of country)  12 MAIDEN NAME OF MOTHER  MOTA AME CVADE  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address  Address  15 Filed  191.5  T. B. Durding REGISTRAN	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos. ds. State yrs, mos, ds  Where was diseasa contracted, If not at placa of death?  Former or usual residence.  19 PLAGE OF BURIAL OR REMOVAL  Chester town med Sept. 2:, 1915.  29 UNDERTABER Walters ADPRESS.  Light St., 1915.  ADPRESS.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Neve Farmer (retired 6 yrs.) For persons (4) (a) the kind of work and also (b) return "Laborer," in may form part of the second Colton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic miu," "PUERPERAL perilonilis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OT HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

BUREAU,V.S.

	ENT	FLY.
9	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	State
	ERN	ted Exact
Z	AP	e sta
~	15	assir
Ö	HIS	shot ly cl
1	Y-7	AGE
>   	Z	ed.
MARGIN RESERVED FOR BINDING	ING	uppl
ת מ	FAD	ully a
r	S	caref
Z	TH	be s, so
3	W.	termi
<b>∢</b> Σ	NLY	lain
	LAI	matic In p
	F	Infor
	RIT.	of F DE
	3	Item
No. 1.		-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
5.14		1

13805 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No fit death occurred in St .: .....Ward) a hospital or institution. give Its NAME Instead of Street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED, WIDOWED, ORDIVORCED (Write the word) 16 DATE OF DEATH 4 COLOR OR RACE (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 20 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: .....mos.... OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment In (Duration) which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 0 See Instructions on back ARENTS 11 BIRTHPLACE , 191 ..... (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs. \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?..... mportant. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housewood, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probabily mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 91915
BUREAU, V.S.

PLACE OF DEATH 13806	STATE OF MARYLAND
County Keul (Q)	CERTIFICATE OF DEATH
	Registration Dist. No. 20/
Village or Circlesoforon (No. Lenn	a hespital or institution, give its NAME Instead
2 FULL NAME James Mad	ancel White of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mgkth)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw halive on, 191
7 AGE   K LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Downy
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Buration) yrs mos mos
9 BIRTHPLACE (State or country) Level D. MA	Contributory Secondary (Quration) / yw. mos.
10 NAME OF Lloyd White	(Signed) V mull fruitly Coronor M.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Surphal or Homeidal.
of MOTHER ROSIN Joron Va	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  Al place In the
(State or country) /Zastone	of deelhyrsmesds. State,yrsmoe  Where was disease contracted,
(Informant) A SUL MEET OF MY KNOWLEDGE	If not all place of death ?
(Address) termedynelle.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Dug 28, 1910 Dilleans Pars.	20 UNDERTAKER ADDRESS Stall Prod
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. cion, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Corcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercuras "Puerperal septichaemio, "Dropsy," "Exhaustion,



W		state
	)	Pinous
•	RECORD	TLY. PHYSICIANS should state
	S.	Hd
	ENT	TLY.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXAC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat Important. See instructions on back of certificate.

Village or City Name Eliga	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 202  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hewale Whete Single,  Marrieo, Widow  Or Divorceo (Write the word)  B DATE OF BIRTH  May 2, 1836	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I hEREBY CERTIFY That I attended deceased from
TAGE  (Month) (Day (Year)  It LESS than 1 day,hrs.  ORmln.?	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LY. GLO & Hawelton  11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME OF MOTHER AND BROWNER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Orgene & Marklaud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs
16 Filed Cug 13 1915 M.J. Shicks	PLACE OF BURIAL OR REMOVAK DATE OF BURIAL  29 UNDERTAKER  ADDRESS

If more olarks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public, Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yis.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word of term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnoumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as, "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of

